

**KENTUCKY EDUCATION CABINET**  
**Breathitt Career Center**

Hopkinsville  
[deschristian@mail.state.ky.us](mailto:deschristian@mail.state.ky.us)

**TO LIST A JOB ORDER CALL: 270-889-6509 or FAX: 270-889-6599**

COMPANY NAME \_\_\_\_\_

KEIN: Kentucky Employer Identification Number \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COMPANY URL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELLULAR NO. (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

HOW TO APPLY? CALL FOR APPOINTMENT ☐ REFER DIRECT ☐ APPLICATION ☐ EMAIL ☐ RESUME ☐ OTHER ☐

JOB TITLE of POSITION \_\_\_\_\_

POSITION # (if required to apply) \_\_\_\_\_ NUMBER of OPENING(S) \_\_\_\_\_

MINIMUM REQUIREMENTS: EDUCATION \_\_\_\_\_ AGE \_\_\_\_\_ EXPERIENCE \_\_\_\_\_ (# Months Required)

TYPE EXPERIENCE REQUIRED/HELPFUL \_\_\_\_\_

SHIFT: 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ HOURS PER WEEK # \_\_\_\_\_ FULL TIME ☐ PART TIME ☐ TEMPORARY ☐ TEMP to PERMANENT ☐

DAYS of WEEK WORKED \_\_\_\_\_ WORK HOURS (AM or PM) START: \_\_\_\_\_ END: \_\_\_\_\_

SALARY/WAGE \$ \_\_\_\_\_ Per: HOUR ☐ DAY ☐ WEEK ☐ MONTH ☐ YEAR ☐ SALARY RANGE \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

POLICE RECORDS CHECK <input type="checkbox"/> DRUG SCREENING <input type="checkbox"/> PHYSICAL <input type="checkbox"/> BONDING <input type="checkbox"/> LICENSES <input type="checkbox"/> COMPUTER SKILLS <input type="checkbox"/> (Please List) _____	EMPLOYER TEST <input type="checkbox"/> OWN VEHICLE <input type="checkbox"/> OWN TOOLS <input type="checkbox"/> JOIN UNION <input type="checkbox"/> TYPING wpm _____	CERTIFICATION <input type="checkbox"/> (List) _____  DEGREE FIELD <input type="checkbox"/> (List) _____ ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE <input type="checkbox"/> OTHER (List) _____
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**SPECIAL WORKING CONDITIONS**

ROTATING SHIFT <input type="checkbox"/> OVERTIME <input type="checkbox"/>	OUTDOORS <input type="checkbox"/> TRAVEL <input type="checkbox"/>	STANDING LONG PERIODS <input type="checkbox"/> HEAVY LIFTING <input type="checkbox"/> (Amount Lifted) _____ lbs
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**COMPANY BENEFITS**

HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> LIFE <input type="checkbox"/>	SICK LEAVE <input type="checkbox"/> VACATION <input type="checkbox"/> HOLIDAYS <input type="checkbox"/>	CLOTHING ALLOWANCE <input type="checkbox"/> CHILD CARE <input type="checkbox"/> 401K <input type="checkbox"/>	RELOCATION ASSISTANCE <input type="checkbox"/> TUITION ASSISTANCE <input type="checkbox"/> COMPANY CAR <input type="checkbox"/>
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SCREEN FOR: ENTERPRISE ZONE ELIGIBILITY ☐ WOTC (Work Opportunity Tax Credit) ☐ FEDERAL CONTRACTOR JOB LISTING ☐

JOB LOCATION/ZIP CODE (if different from above) \_\_\_\_\_

NATURE of BUSINESS \_\_\_\_\_

JOB DUTIES (Include requirements, qualifications, machines operated, tools used, software, hardware, etc.) \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_